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Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

U.S. District of OREGONPortland Division

Case No.

6:23-CV-01968-JR

(to be filled in by the Clerk's Office)

Jared Lee Hawkins

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

See attached

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

1 IN case # 6:23-CV-01968-JR
2 JARED Lee HAWKINS VS Douglas County
3 Defendants Jane Doe #1 and Jane Doe
4 #2. This is the court ordered Amended
5 COMPLAINT. Plaintiff in this case is
6 incarcerated at DRCI in Madras Oregon.
7 Plaintiff is not represented by an Attorney
8 and has limited knowledge and resources
9 so he would ask that the court
10 take this into account and Plaintiff
11 agrees to proceed to the best of his
12 abilities. This is the necessary changes
13 to the best of Plaintiff's understanding.
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1 Jared Lee Hawkins vs. Jane Doe #1
2 and Jane Doe #2,

3 Jane Doe's ONE THROUGH TWO are
4 the unknown Dentist and Dental assistant
5 appointed by the Douglas County Jail
6 located in Roseburg OREGON,

7 Defendants Jane Doe One through two
8 are persons, whose identities are presently
9 unknown to Plaintiff, and who committed
10 or participated in the decision, described, to
11 refuse to provide necessary and appropriate
12 medical care and treatment to Plaintiff, or
13 to retaliate and discriminate against the Plaintiff.
14 When the identities of these persons are
15 ascertained by Plaintiff through the Discovery
16 process in the course of this action, Plaintiff
17 will seek the court's permission to
18 further amend this complaint to allege
19 their identities and to describe their
20 participation in causing the harm to
21 Plaintiff that is alleged in this action.

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I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Tared Lee Hawkins

All other names by which
you have been known:

ID Number

18150363

Current Institution

DRCI

Address

3920 E Ashwood RD

Madras

OR

97741

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Jane Doe #1

Job or Title (*if known*)

DENTIST

Shield Number

Employer

Douglas County

Address

City

State

Zip Code



Individual capacity



Official capacity

Defendant No. 2

Name

Jane Doe #2

Job or Title (*if known*)

DENTAL ASSISTANT

Shield Number

Employer

Douglas County

Address

City

State

Zip Code



Individual capacity



Official capacity

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Defendant No. 3

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐ Individual capacity ☐ Official capacity

Defendant No. 4

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐ Individual capacity ☐ Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th Amendment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

See Attached

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

The Douglas County Jail RSBG, OR

1 Defendant Jane Doe #1 was, at all
2 times pertinent to this complaint, an individual
3 employed by Douglas County specifically the
4 Douglas County Jail. Defendants Jane Doe #1
5 was employed as the Dentist at the Douglas
6 County Jail. All of her actions described in
7 this complaint were taken during the course
8 of, and in furtherance of her duties as an
9 employee of Douglas County. Defendant
10 Jane Doe #1 is sued herein in her
11 individual and professional capacity for
12 actions taken in the course of her official
13 duties. Furthermore Defendants Jane Doe #1
14 is at all times relevant to this complaint
15 as they were acting under the color of
16 state law in that they were employed
17 by Douglas County as part of a dental
18 team responsible for providing appropriate
19 medical care and treatment.

1 Defendant Jane Doe #2 was at all times
2 pertinent to this complaint, An individual Employed
3 by the county specifically Douglas county
4 and the Douglas county jail. Defendant
5 Jane Doe #2 was employed as the Dental
6 Assistant at the Douglas county jail. All
7 of Her Actions described in this complaint,
8 were taken during the course of, and in
9 furtherance of Her duties as an employee
10 of Douglas county. Defendant Jane Doe #2
11 is Sued Herein in Her individual and official
12 capacity for actions taken in the course
13 of her official duties. Furthermore Defendant
14 Jane Doe #2 is at all times relevant
15 to this complaint as they were acting under
16 the color of the law of the State in
17 that they were employed by Douglas
18 county as part of a Dental team
19 responsible for providing appropriate
20 medical care and treatment.

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C. What date and approximate time did the events giving rise to your claim(s) occur?

Between April and May of 2022

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See Attached

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

See Attached

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

See Attached

D.

1 Facts of the claim,
2 While I was incarcerated at The Douglas
3 County Jail Located in Roseburg Oregon
4 Approximately April/May of 2022 I was
5 treated for an abscessed tooth. The Dentist (
6 Jane Doe #1) Determined it needed to be
7 extracted. I was told to Return to my
8 unit and Return after lunch. After lunch
9 at approximately 1:00 PM I returned for
10 the extraction. During the extraction the
11 root broke off of the tooth and needed
12 retrieved. She explained that she would
13 drill around the outside of the root to
14 loosen it. Around this time the Dental
15 Assistant (Jane Doe #2) Kicked over
16 a bucket of water onto the floor
17 in the same Area the Dentist (Jane Doe
18 #1) was working. As Jane Doe #1
19 was operating the Drill Jane Doe #2
20 started to frantically clean up the spilled
21 water. Jane Doe #2 Removed the
22 mouth suction tool from my mouth
23 and used it to suck up water from
24 the floor. As Jane Doe #2 was

D, Page 1 of 4 From Page 5 of 11

1 in a Frantic State She Was moving
2 around the small Dental Room bumping into
3 things Repeatedly. Jane Doe #2 bumped both
4 me and the Dentist During this time.
5 Suddenly I felt the drill move erratic
6 and the Dentist (Jane Doe #1) Stopped and
7 Signalled to Jane Doe #2 to come out
8 into the Hallway. They both Left the
9 Room and I could hear Jane Doe #1
10 tell Jane Doe #2 "Do not Freak out
11 I don't want Him to panic but I cut
12 Him with the drill and He is bleeding
13 pretty bad so I need alot of Suction
14 while I stitch him." They both came
15 back into the Room and Jane Doe #
16 1 told me "I don't want you to worry
17 about this but I accidentally cut you
18 about an inch in the back of your
19 mouth." She EXPLAINED that the Drill
20 "SKIPPED" and she "lost control" About
21 this time Jane Doe #2 Returned the
22 Suction tool into my mouth Without
23 Sanitizing or any type of Clearing it
24 from being used on the floor.

1 Jane Doe #1 Told me that she was
2 going to have to "stitch me up" but kept
3 Repeating "I don't want you to Worry about
4 this." Jane Doe #1 spent about 45 minutes
5 stitching me up. It was almost as much
6 time as the extraction itself took. Jane
7 Doe #1 Reassured me that everything
8 was fine and when she finished stitching
9 me up she sent me back to my unit.
10 The entire ordeal had me shaken up pretty
11 bad. I had lost alot of blood so I
12 was not feeling well, for the next
13 5 days my face swelled bigger every
14 day. the swelling caused me to get
15 2 Black eyes. I never got feeling
16 back in the upper right gum line or
17 roof of my mouth. I was told "when
18 the swelling went down feeling would
19 return." It never did. Today I have
20 no feeling in that area. I was told that
21 Jane Doe #1 tried to cover the Accident
22 up and never told any of the Medical
23 staff. It wasn't until one of the
24 Nursing staff Read the Dental chart
D, Page 3 of 4 from page 5 of 11

1 That I even started to get taken seriously,
2 Jane Doe #1 did write it in the chart.
3 During all of this I was talking with
4 a investigative Reporter about my situation
5 while on the phone medical came by
6 and Emily Hamer a Reporter for Lee
7 Enterprises over heard me and the nurse
8 talking and has on her tape recording the
9 nurse saying that "I needed to file a
10 Grievance and that Jane Doe #1 tried
11 to cover it up and that I was not
12 treated properly." There is a report about
13 me in the "Democrat Herald" An Oregon
14 news paper which published these
15 details and also a picture of my face
16 swelled up with two black eyes. The
17 story was on the lawyer shortage at
18 the time and explains how I was
19 in jail for 6 months without a lawyer
20 when this situation occurred and the
21 courts would not release me even
22 though they failed to provide counsel.
23 I had nobody to guide me through
24 any of this process.

1 V. Injuries

2 I was cut with the drill approximately
3 1 inch in the back of my mouth resulting
4 in two severed nerves and permanent
5 feeling loss. I was taken to an outside
6 dentist after I grieved medical and
7 he determined it was in fact a cut
8 nerve and it was permanent. I was
9 taken to Harvard Dental in Roseburg. He
10 said there was no course of action that
11 it was "irreversible".

12
13 Upon information and belief, and to a
14 reasonable degree of medical certainty, the
15 lack of compliance with the 8th
16 Amendment caused the Plaintiff Jared
17 Lee Hawkins to suffer serious permanent
18 medical injuries as well as extreme
19 pain and suffering. The Plaintiff will
20 never talk normal again as a result.
21 This has caused serious mental trauma
22 and depression.

VI Relief,

A. That this honorable court enter judgment
in His favor on all accounts;

B. That this honorable court award Specific
and Special Damages for Medical Bills,
Pain and Suffering, mental anguish, emotional
distress, Attorney's Fees and costs (If Any)
and Punitive damages; and

C. Award any other equitable Relief
That this Honorable court deems fair and
Just.

The Plaintiff Demands a trial by
Jury on all claims so triable.

1 Defendants Jane Doe #1 Through #2
2 as well as Douglas County's actions
3 in failing to provide medically acceptable
4 and adequate medical care to the
5 Plaintiffs Serious Medical Need Violated
6 Plaintiffs rights under the Eighth
7 Amendment to the United States Constitution.
8 Plaintiff Hereby Requests a trial by
9 Jury on all of His claims. Wherefore,
10 Plaintiff Requests that the court
11 grant the following Relief:

12 A. Award compensatory Damages in the
13 following amounts:

14 1. 650,000.00 against Jane Doe #1;
15 2. 250,000.00 against Jane Doe #2

16
17 B. Award Punitive Damages in the
18 following amounts:

19 1. 50,000 Against Defendant Jane Doe #1
20 2. 50,000 Against Jane Doe #2

21
22 C. For such other Relief as the court
23 deems just and proper under the
24 circumstances

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Douglas County Jail RSBG, OR

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

Failure to provide proper medical treatment

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

K Tank Located At the Douglas county Jail

2. What did you claim in your grievance?

8th Amendment Violation

3. What was the result, if any?

2nd opinion at outside Dental office

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

See Attached

1 VII.

2 (4) Plaintiff Filed Grievance Which was
3 Accepted, Plaintiff Received Outside Dentist
4 Opinion. Plaintiff Filed 2nd Grievance
5 Which was accepted. Plaintiff Filed
6 Tort claim Which was Accepted

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

4-8-24

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

[Signature]
Sarah Lee Hawkins
18159363
3920 E Ashwood RD
Madras OR 97741
City State Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address

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CERTIFICATE OF SERVICE

CASE NAME: Jared Lee Hawkins v. Jane Doe #1, Jane Doe #2

CASE NUMBER: (if known) 6:23-CV-01968-JR

COMES NOW, Jared Lee Hawkins, and certifies the following:

That I am incarcerated by the Oregon Department of Corrections at DRCT

That on the 9 day of April, 2024, I personally placed in the Correctional Institution's mailing service A TRUE COPY of the following:

1983 Civil Rights

I placed the above in a securely enclosed, postage prepaid envelope, to the person(s) named at the places addressed below:

Mark O Hatfield US Courthouse
1000 SW THIRD Ave
Portland, OR 97204

[Signature]
(Signature)

Print Name Jared Lee Hawkins
S.I.D. No.: 18150363
3920 E Ashwood RD
Madras OR 97741